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Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

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OMB NO.: 0938-

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

__ Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of <a href="https://doi.org/10.1007/ncm.2007/n

TN No. 91-43
Supersedes Approval Date FEB 1992

Effective Date OCT 1 1991

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New Jersey State: Agency* Citation(s) Groups Covered Optional Groups Other Than the Medically Needy (Continued) DMAHS 42 CFR 435.231 /a/ 12. Individuals who are in institutions for at 1902(a)(10) least 30 consecutive days and who are (A)(ii)(V) eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals of the Act meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A. The State covers all individuals as described 1 above. ___ The State covers only the following group or groups of individuals: 1902(a)(10)(A) Aged (ii) and 1905(a) Blind of the Act Disabled Individuals under the age of--____ 21 ___ 20 _ 19 18 Caretaker relatives Pregnant women

TN No. 91-43
Supersedes Approval Date
TN No. 87-14

Effective Date OCT 1 1991

HCFA ID: 7983E

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OMB NO.: 0938-

State: Kew Jersey

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(e)(3) of the Act

13.

3. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

<u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

IV-A 1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act <u>/</u>X∕ 14.

The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

Supersedes Approval Date FEB 2 6 1992

Effective Date

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State: New Jersey

Agency*	Citation(s)	Groups Covered		
		B. Optional Groups Other Than the Medically Needy (Continued)		
	A)	15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.		
		Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained		
		/// 7 years of age; or /// 8 years of age.		

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OMB NO.: 0938-

New Jersey State:

Agency*

Citation(s)

 $\sqrt{X'}$

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

IV-A 1902(a) (ii)(X)

and 1902(m) (1) and (3) of the Act 16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

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1991

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specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with \$1920

ATTACHMENT 2.2-A Page 23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	N	iew Jersey	
	COVE	RAGE	AND CONDI	TIONS OF ELIGIBILITY
Citation(s)	Groups Covered			
		в.	Optional (Continue	Groups Other Than the Medically Needy
1902(a)(47) and 1920 of the Act D M AHS			<u>X</u> 17.	Pregnant women who are determined by a "qualified provider" (as defined in \$192C(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria

of the Act.

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	Stat	e/Territor	y:	New Jersey
Citation		Groups Co	vered	
В.	Optional	Groups Oth	er Than (Conti	the Medically Needy nued)
1906 of the Act	18.	cost-effe	ctive em main e	ired to enroll in ployer-based group health ligible for a minimum d of 6 months.
1902(a)(10)(F) and 1902(u)(1) of the Act	19.	continuat income as 1612 of t SSI progr of the resources whom the of COBRA than the equivalen	ion covideterm he Act am, is Federal are no limit for State or premium Medicat set o	tled to elect COBRA erage and whose ined under Section for purposes of the no more than 100 percent poverty level, whose more than twice the SSI or an individual, and for letermines that the cost is likely to be less id extenditures for an f services. See Attachment 2.6-A.

Effective DateJUL 1 1991 HCFA ID: 7982E

Citation	Gr	oups Cove	red
В.	3. Optional Coverage Other Than the Medically Needy (Continued)		
1902(a)(10)(A) (ii)(XIV) of the Act	X 20.	Optic	onal Targeted Low Income Children who:
`		a.	are not eligible for Medicaid under any other optional or mandatory eligibility group;
DMAHS/IV-A		b.	would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(l)(1)(D));
		c.	are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation befor July 1, 1997 offered by a State which receives no Federal funds for the program:
		d.	are not members of families that are eligible for health benefits coverage under a State health benefits plan on the basis of a family members' employment with a public agency;
		e.	are not inmates of public institutions or patients in institutions for mental diseases; and
-OFFIN	CIAL	f.	have family income at or below: 133 percent of the Federal poverty level for the size family involved, as revised annuall in the Federal Register; or 98-02-MA(NJ)
TN	98-2		rective Date 1881

ATTACHMENT 2.2-A Page 23c

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

- All children described above who are under age 19 with family income at or below 133% percent of the Federal poverty level.
- The following reasonable classifications of children described above who are under age 19 (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) CF
THE REASONABLE CLASSIFICATION(S)
AND THE PERCENT OF THE FEDERAL
POVERTY LEVEL USED TO ESTABLISH
ELIGIBILITY FOR EACH
CLASSIFICATION.)

Income is established using the income and resource methodologies used for purposes of establishing eligibility under the State's title XXI State plan. (If not included in sections 4.1.3 and 4.1.4 of the State's title XXI State plan, these methodologies are explained below.)

(IF NOT INCLUDED IN YOUR TITLE XXI STATE PLAN, ADD NARRATIVE EXPLANATION OF THE METHODOLOGIES USED TO ESTABLISH COUNTABLE INCOME AND RESOURCES.)

1902(e)(12) of the Act ___21.

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A child under age ______ (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of _____ months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

98-02-MA(NJ)

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1920A. of the Act \underline{X} 22.

Children under age 19 who are determined by a "qualified entity" (as defined in §1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan as applicable to children.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

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99-22-MA(NJ)

Replaces 98-2-MA	MAR 1 5 20001
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Supersodes TM 9819 ESTE Billion	LAN : 2000L